

### **Miramar | Building Division**

Community & Economic Development Department 2200 Civic Center Place | Miramar, Florida 33025 Tel: 954.602.3200 | Fax: 954.602.3635 www.miramarfl.gov

## Digital Folder Distribution

All Commercial Projects with a minimal total job value of \$50,000 will be required to provide, additionally to the paper applications and plans, a CD with all the Application Documentation and Plans in PDF format.

**IMPORTANT:** All digital applications (CDs/DVDs) that do not follow the format shown below **will be rejected**. Each discipline's drawings shall be separated sheet by sheet. All files shall be provided ONLY in PDF format.



- For more information, please contact Pablo Cubeddu at 954-602-3203 or Isaias Pena 954-602-3215.



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# Affidavit of Identical Documents

#### CD/ DVD DIGITAL APPLICATION PLANS REVIEW.

☐ PDF Files:		
I, (print full name)		Architect/Engineer of Record with registration
, (print full name) <b>Architect/Engineer</b> of Record with registration umber AR/PE # with Architectural/Engineering Firm name		g Firm name,
hereby attest or affirm that	the electronic file submittal of the pla	ans for project located at the following address:
with Project Name		, is an exact duplicate of the
complete hardcopy set of p	lans submitted.	
	OR	
□ PDF Files:		
I, (print full name)	Owner/ <i>I</i>	Agent hereby attest or affirm that the electronic file
submittal of the plans for p	roject located at the following address	s:
Project Name		is an exact
duplicate of the complete s	igned & scaled bardsony set of plans	, is an exact submitted to the Building Division. City of Miramar
	= : : : : : : : : : : : : : : : : : : :	=
	·	between the two aforementioned versions, the review
· · · · · · · · · · · · · · · · · · ·		d void, and require re-application under a new permit
• •	·	vill be discarded. This affidavit will apply to all documents
submitted electronically th	roughout the life of the project inclu	ding initial submittal, re-works, revisions, shop drawings,
etc.		
Plan's reference/job identif	ication number from title block:	·
Signature of Architect/Eng	ineer of Record or Owner/Agent (as a	appropriate)
Contact Name:		Contact Phone No.:
Contact email:		
STATE OF	CO	OUNTY OF
Sworn to and subscribed be	efore me thisday of	20,
Notary Name:		
Notary Signature:		
Personally known □ or	I.D.	STAMP